

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number Legal Entity Number District Name **Fergus** Lewistown Public Schools 0258 0259 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 8 63.6 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BABMC7A3XF080344 428 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0258 0259 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for

required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State

this bus route.

We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application to	or registration of school bus and sta	ite reimbursement is true and comp	lete to the best of my knowled	ge and belief, and the
bus operates on the route as	approved by and within the transpo	ortation service area assigned by the	e County Transportation Comr	nittee.

Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

area assigned to it by the Sounty Transportation Committee.	
Signature - Chair, County Transportation Committee	Date



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School Year 2005 - 2006

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This form is required in accordant receives state reimbursement ev						ach bus route that
Due Dates All Routes	:		ounty Supt ber 1	To OPI October 15		\$1.36
County Name		County Number	District Nar	me		Legal Entity Number
Fergus		14	Lewistow	n Public Schools		0258 0259
Route #	Length of Route	(miles per day)	Type of Ser	rvice Bus Route Mi Non Bus Mile		Rated Capacity
5	98.8		Bus Rout	te Mileage	aye	60
Vehicle I.D. #	License #		□ District Ow		District Own	ed
1BAAGCSA0WF080343	321			If so, Name of Owner I rate per mile		
Reimbursement Distribution- Ent	ter the legal entity			reimbursement to be page	aid to each dis	trict. Note: Percentages
Legal Entity	Legal Entity	/	atch budget! Legal Entity	, , , , , , , , , , , , , , , , , , ,	Legal Entity	у
0258	02	259				
% 67.00	% 33.	00	%		%	
PASSENGER INFORMATION	70 00.		70			
Number of Preschool/Kindergarte this route	BLEMENTARY nber of Preschool/Kindergarten pupils riding (Grades P		_	HIGH SCHOOL (Grades 9-2	_	TOTAL ELIGIBLE RIDERS
				b NUMBER	?	c a+b
Regular (include eligible Preschool/Ki	NUMBER	·				
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., u nonresident and no attendance agree otherwise allow nonresident riders to	ement that would					
(Include ineligible Preschool/Kinderga Nonpublic School Riders (ineligible)	arten riders)					
TOTAL RIDERS						
We hereby certify that this bus will	Lonerate entirely on	the route established by the	Roard of Trustee	es and within the transportat	tion area assigne	and approved by the
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I certify that this application for rebus operates on the route as app	egistration of scho	ol bus and state reimbur	sement is true	and complete to the bes	t of my knowle	edge and belief, and the
Signature - Chair, Board of Trustees	s. 5754 by and with	are a anoportation se	4104 43319		Date	
This Application for Registration	of School Bus and	d State Reimbursement		ordance with Section 2		
area assigned to it by the County Signature - Chair, County Transporta		Committee.			Date	



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receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number **Fergus** Lewistown Public Schools 0258 0259 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 7 98.9 48 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBL7T1C01J502901 474 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0258 0259 67.00 33.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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This form is required in accordareceives state reimbursement e							
Due Date All Routes			To Co Octobe	unty Supt er 1	To OPI October 15		Rate Per Mile \$1.15
County Name		County Numb	er	District Nan	ne		Legal Entity Number
Fergus		14		Lewistow	n Public Schools		0258 0259
Route #	Length of Ro	ute (miles per day)		Type of Ser	rvice Bus Route Mi		Rated Capacity
9	120			Bus Rout	□ Non Bus Mile te Mileage	age	53
Vehicle I.D. #	License	#	[□ District Ow		District Own	ed
1BAAGCPA12F205515	8492				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the legal e				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Legal E		must mat	ch budget! Legal Entity	1	Legal Entit	у
0258		0259					
0/ 07.00	0/	00.00		0/		0/	
% 67.00 PASSENGER INFORMATION	%	33.00		%		%	
	. 9		NTARY R	_	HIGH SCHOOL	_	TOTAL
Number of Preschool/Kindergar this route	ten pupils ridin	g (Gr	rades PK-8	8)	(Grades 9-	12)	ELIGIBLE RIDERS
	a		a NUMBER)	c a+b
Regular (include eligible Preschool/	Kindergarten ride		NOWIDER		NUMBER	\	a+b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,	under 3 miles Ol	?					
nonresident and no attendance agree otherwise allow nonresident riders to	be eligible)	d					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	garten riders)						
TOTAL RIDERS							
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bus operates on the route as ap Signature - Chair, Board of Trustees		within the transport	ialion Serv	ice area assig	gned by the County Tran	Date Date	mmdee.
County This Application for Registration area assigned to it by the County	of School Bus	and State Reimbur			ordance with Section 2 wed and I certify that this		
Signature - Chair, County Transport						Date	



Date

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Due Date : All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$0.95
County Name		County Number	District Nan	ne		Legal Entity Number
Fergus		14	Grass Ra	ange Public Schls		0268 0269
Route #	Length of Route	(miles per day)	Type of Sei	rvice Bus Route Mi		Rated Capacity
5	124.5		Bus Rout	□ Non Bus Mileate Mileage	age	47
Vehicle I.D. #	License #		□ District Ow	rned [District Own	ed
1BAKCCKH35F216900	372			If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Entit		atch budget! Legal Entity	,	Legal Entit	у
0268	0	269				
% 58.00	% 42	00	%		%	
PASSENGER INFORMATION	70 42		70		70	_
Number of Preschool/Kindergar	ton pupils riding	ELEMENTARY (Grades Pk	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
this route	teri pupiis ridirig	(Grades Fr	(-0)	(Grades 9-	12)	ELIGIBLE KIDEKS
	a NUMB				?	c a + b
Regular (include eligible Preschool/	Kindergarten riders)		-		-	
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agre	under 3 miles OR					
otherwise allow nonresident riders to	o be eligible)					
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	jarten riders)					
TOTAL RIDERS						
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	:II	46	D		·	ad and an arrand by the
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this b	We further certify tha	t this bus transports pupils e	ligible for school t	transportation as defined by	/ 20-10-101, MC	Α.
required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	ensed, qualified and	approved driver to operate s	uch vehicle as red	quired by 20-10-103, MCA.	Highway Patrol a	and the State
We understand that violations of this bus route.	the laws, rules or reg	gulations governing school tr	ansportation will b	be sufficient cause for withh	olding of state a	nd county reimbursement for
We agree that if this route crosse the school boards of both districts sh					een Boards, 20-	10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.	ccurring during the so	chool year require the filing of	f an amended TR	-1 form and approval of the	County Transpo	ortation Committee in
I certify that this application for bus operates on the route as ap						
Signature - Chair, Board of Trustees			22 2 34 40019	,, ooa, man	Date	
This Application for Registration area assigned to it by the Country	of School Bus an					
Signature - Chair, County Transport					Date	



This form is required in accordance receives state reimbursement evaluations.					one form for ea	ch bus route that		
		-			R	ate Per Mile		
Due Dates All Routes		Octob	er 1	To OPI October 15	9	31.15		
County Name		County Number	District Nan	ne		Legal Entity Number		
Fergus		14	Grass Ra	ange Public Schls		0268 0269		
Route #	Length of Route		Type of Ser	rvice Bus Route Mi	leage	Rated Capacity		
2	115.2		Bus Rout	□ Non Bus Mile te Mileage	age	59		
Vehicle I.D. #	License #		☐ District Ow		District Owner			
1GBJ6P1P7LV111261	143			If so, Name of Owner I rate per mile				
Reimbursement Distribution- En	ter the legal entity			reimbursement to be p	aid to each dist	rict. Note: Percentages		
Legal Entity 0268	Legal Entit		tch budget! Legal Entity	,	Legal Entity	,		
% 58.00	% 42	00	%		%	ERS TOTAL ELIGIBLE RIDERS		
PASSENGER INFORMATION		ELEMENTA DV D	IDEDC	LIICH CCHOOL	DIDEDO	TOTAL		
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY R (Grades PK-	_	HIGH SCHOOL (Grades 9-	_			
		a NUMBER		b NUMBEF)	C		
Regular (include eligible Preschool/k	(indergarten riders)	NOWBER		NOWBER	\	a + b		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	ement that would be eligible)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
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		ommittee Approval as re						
This Application for Registration area assigned to it by the Count			as been reviev	ved and I certify that this	s bus operates	within the transportation		
Signature - Chair, County Transporta					Date	_		



1 copy State Supt. 1 copy County Supt. 1 copy School District

PO Box 202501
Helena, MT 59620-2501

State Reimbursement
School Year 2005 - 2006

This form is required in accordance with Title 20. Chapter 10. Part 1. MCA. School district official must complete one form for each life.

	This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services.								
Due Dates All Routes				T o Cou Octobe	nty Supt r 1	To OPI October 15		Rate Per Mile \$1.15	
County Name			County Number		District Nam	ne		Legal Entity Number	
Fergus			14		Grass Ra	inge Public Schls		0268 0269	
Route #	Length	h of Route ((miles per day)		Type of Ser	vice Bus Route Mi		Rated Capacity	
4	106				Rus Rout	□ Non Bus Milea e Mileage	age	54	
Vehicle I.D. #		License #			District Ow	· ·	District Own		
1FDNB80C8SVA60926	1	197		□ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- En	iter the	legal entity			state/county h budget!	reimbursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity 0268	I	Legal Entity 02		si maic	Legal Entity		Legal Entit	у	
% 58.00		% 42.	00		%		%		
PASSENGER INFORMATION		70 TZ.	00		70		70	_	
Number of Preschool/Kindergarten pupils riding this route		oils riding	ELEMENTA (Grades		-	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
			a NUM			b NUMBER	c ER a+b		
Regular (include eligible Preschool/k	Kindergaı	rten riders)	NOW	IDLIX		NONBLI	\	a + b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg	ement the beginstern the second	nat would ble)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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This Application for Registration area assigned to it by the Count	of School y Trans	ool Bus and sportation C	State Reimbursem			ordance with Section 2 yed and I certify that this			
Signature - Chair, County Transporta	ation Cor	mmittee					Date		



This form is required in accorda receives state reimbursement ev							
Due Dates All Routes			County Supt ober 1	To OPI October 15		Rate Per Mile \$1.36	
County Name		County Number	District Nar	me		Legal Entity Number	
Fergus		14	Grass Ra	ange Public Schls		0268 0269	
Route #	Length of Rout	e (miles per day)	Type of Ser	rvice Bus Route Mi		Rated Capacity	
1	80		Bus Rout	□ Non Bus Mile te Mileage	age	66	
Vehicle I.D. #	License #		□ District Ow	vned [District Own	ed	
1BAAHCPH2YF091639	449			If so, Name of Owner drate per mile			
Reimbursement Distribution- En	ter the legal enti			y reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal En		Legal Entity	/	Legal Entit	ry .	
0268		0269					
% 58.00	% 4	2.00	%		%		
PASSENGER INFORMATION	/0 2	2.00	/0		/0		
Number of Preschool/Kindergan	ton nunilo ridina	ELEMENTARY (Credes Pl	_	HIGH SCHOOL	_	TOTAL ELIGIBLE RIDERS	
this route	ten pupils naing	(Grades Pl	\- 0)	(Grades 9-	12)	ELIGIBLE KIDEKS	
	a NUMBER		b R NUMBER		2	c a + b	
Regular (include eligible Preschool/k	Kindergarten riders			TTOMBE		a i b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e.,	under 3 miles OR						
nonresident and no attendance agre otherwise allow nonresident riders to	be eligible)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)						
TOTAL RIDERS							
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I certify that this application for r bus operates on the route as ap							
Signature - Chair, Board of Trustees				,	Date		
County 1	ransportation (Committee Approval as	required in acc	ordance with Section	 20-10-132 MC	CA.	
This Application for Registration area assigned to it by the Count	of School Bus a	nd State Reimbursement					
Signature - Chair, County Transporta	ation Committee				Date		



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number **Fergus** Grass Range Public Schls 0268 0269 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 68 21 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1GBHG31K9TF112642 404 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0268 0269 58.00 42.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Date

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Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

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Signature - Chair, County Transportation Committee

Date

For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us



Date

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number **Fergus** Roy K-12 Schools 0280 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 3 East 108 36 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1G3G7T1C22J505706 324 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0280 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Route #	Length	of Route ((miles per day)			vice Bus Route Mi		Rated Capacity
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PASSENGER INFORMATION								_
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Regular (include eligible Preschool/l	Kindergar	ten riders)	NUMBE	K		NUMBER	ζ	a + b
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This Application for Registration area assigned to it by the County	n of Scho	ool Bus and	State Reimbursement			ordance with Section a ved and I certify that this		
Signature - Chair, County Transport	ation Con	nmittee					Date	



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name County Number District Name Legal Entity Number **Fergus Denton Public Schools** 0281 0282 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 76 42 1a **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1HVBBABM2XH202997 164 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0282 70.00 30.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date

For additional information contact Maxine Mougeot at 444-3096	



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Due Date All Routes				Cou obe	inty Supt r 1	To OPI October 15		Rate Per Mile \$0.95
County Name			County Number		District Nam	ne		Legal Entity Number
Fergus			14		Denton P	ublic Schools		0281 0282
Route #	Lengt	th of Route ((miles per day)			vice Bus Route Mi		Rated Capacity
4	100				Bus Rout	□ Non Bus Mile e Mileage	age	48
Vehicle I.D. #		License #					District Own	ned
1HVBBABM4VH468759	4	408				If so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the	legal entity			f state/county ch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0281		Legal Entity 02		iato	Legal Entity		Legal Entit	ty
% 70.00		% 30.	00		%		%	
PASSENGER INFORMATION	_	70 00.	00		70		70	
Number of Preschool/Kindergar this route	rten pup	oils riding	ELEMENTARY (Grades P		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NUMBE	:D		b NUMBER)	c a + b
Regular (include eligible Preschool/l	Kinderga	arten riders)	NOMBL	.1\		NOMBER	`	a + D
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agree otherwise allow nonresident riders to (Include ineligible Preschool/Kinders	eement the begins of the contract of the contr	hat would ible)						
Nonpublic School Riders (ineligible)								
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Signature - Chair, Board of Trustees	3						Date	
County This Application for Registration						ordance with Section a		
area assigned to it by the Coun	ty Trans	sportation C			- 20017 10V10V	To and I comy that the		
Signature - Chair, County Transport	ation Coi	mmittee					Date	



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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

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This form is required in accordareceives state reimbursement e							
Due Date All Routes			ounty Supt ber 1	To OPI October 15		Rate Per Mile \$1.15	
County Name County Num		County Number	District Nar	ne		Legal Entity Number	
Fergus		14	Winifred	K-12 Schools		0291	
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mi Non Bus Mile	•	Rated Capacity	
2	115.4		Bus Rou	te Mileage	ay e	54	
Vehicle I.D. #	License #		□ District Ow		District Own	ed	
1GBL7T1CO1J508133	486		☐ Contract - If so, Name of Owner ☐ Contracted rate per mile				
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity	Legal Entity		atch budget! Legal Entity	<i>'</i>	Legal Entit	:y	
0291							
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70	_	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph		HIGH SCHOOL (Grades 9-7	_	TOTAL ELIGIBLE RIDERS	
	a NUMBER	b R NUMBER			c a+b		
Regular (include eligible Preschool/l	TTOMBE!		Nomber		a i b		
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., nonresident and no attendance agreement and the standard and the stan	ement that would						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinderg							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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I certify that this application for bus operates on the route as ap	registration of scho	ool bus and state reimbu	rsement is true	and complete to the bes	t of my knowle	edge and belief, and the mmittee.	
Signature - Chair, Board of Trustees				, ,	Date		
County This Application for Registration		ommittee Approval as r					
area assigned to it by the County Signature - Chair, County Transport	ty Transportation C		- 1	. ,	Date		
Oignature - Onair, County Transport	auon Committee				Date		



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Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$1.15	
County Name		County Number	District Nan	ne		Legal Entity Number	
Fergus		14	Winifred	Winifred K-12 Schools		0291	
Route # Length of Route		(miles per day)	Type of Ser	Type of Service ☐ Bus Route Mile		Rated Capacity	
1 98		Bus Ro		□ Non Bus Mileage ute Mileage		52	
Vehicle I.D. # License #		☐ District Own		ned District Owr		ed	
4UZAAXCS64CM13905 532		□ Contract - If so, Name of C □ Contracted rate per mile _					
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!							
Legal Entity Legal E 0291				Legal Entity		Legal Entity	
% 100.00	%		%		%		
PASSENGER INFORMATION	70		70		70		
Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)			HIGH SCHOOL RIDERS (Grades 9-12)		
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/Kindergarten riders)		NOWBER		HOMBER		a 1 b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related S							
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)							
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